

# NOTICE OF ACTION

COUNTY OF \_\_\_\_\_

STATE OF CALIFORNIA  
HEALTH AND HUMAN SERVICES AGENCY  
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

Notice Date : \_\_\_\_\_  
Case Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Worker Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(ADDRESSEE)

Questions? Ask your Worker.

**State Hearing:** If you think this action is wrong, you can ask for a hearing. The back of this page tells you how.

For the period of \_\_\_\_\_ until \_\_\_\_\_, the County has approved your transportation for participating in your allowable Welfare to Work activity.

- ☐ The most we can pay is \$ \_\_\_\_\_ for a total of \_\_\_\_\_ miles per \_\_\_\_\_.
- ☐ The County has approved \$ \_\_\_\_\_ per \_\_\_\_\_ based on public transportation rates.
- ☐ The County has approved bus passes or tickets for a total of \_\_\_\_\_ per \_\_\_\_\_.

The County will only pay for transportation while you were attending your allowable Welfare to Work activity:

\_\_\_\_\_  
Your transportation payment limit is figured on this notice.

Mileage for driving can be paid only if there was no public transportation available, or it cost the same or less than public transportation. Public transportation was available when it took a two hour or less round trip to get you from your home to your activity on time. You cannot count time it took you to go to and from your child's school or child care. If you drove your car even though public transportation was available, you will be paid at the public transportation rate or the mileage rate, whichever is lower.

Your transportation payments will be ☐ Advanced to you

☐ Paid back to you ☐ Paid to your transportation provider

☐ Other:

You can call your Welfare to Work worker if you have questions.

- ☐ public transportation ☐ your car's mileage

\_\_\_\_\_ rate  
X \_\_\_\_\_ per \_\_\_\_\_  
=\$ \_\_\_\_\_

\_\_\_\_\_ rate  
x \_\_\_\_\_ per \_\_\_\_\_  
x \_\_\_\_\_ miles  
=\$ \_\_\_\_\_

- ☐ parking  
\$ \_\_\_\_\_ ☐ month ☐ school term ☐ other
- ☐ total back payments due/month from \_\_\_\_\_ through \_\_\_\_\_

\$ 0 / month

\$ \_\_\_\_\_ / \_\_\_\_\_

\$ \_\_\_\_\_ / \_\_\_\_\_

\$ \_\_\_\_\_ / \_\_\_\_\_

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\$ \_\_\_\_\_ / \_\_\_\_\_

\$ \_\_\_\_\_ / \_\_\_\_\_

☐ total amount for all periods \$ \_\_\_\_\_

☐ see attached page for calculation details

**Rules:** These rules apply. You may review them at your welfare office: MPP 42-750.112

## YOUR HEARING RIGHTS

- You have the right to ask for a hearing if you disagree with any County decision regarding your status (standing) in Cal-Learn/Welfare to Work, your activity, or your supportive services.
- Asking for a hearing will not affect your CalWORKs cash aid.
- You have only 90 days to ask for a hearing.
- The 90 days started the day after we gave or mailed you a notice.

## WHILE YOU WAIT FOR A HEARING DECISION

If you disagree with the County's decision about your Welfare to Work status or your activity:

- You do not have to participate.
- You can keep going to an unapproved self-initiated program, but we will not pay you any Welfare to Work supportive services or give you any other services.
- You can keep going or start going to an activity different from the one we referred you to, but we will not pay you any Welfare to Work supportive services or give you any other Welfare to Work services.
- You cannot keep going or start going to an activity different from the one we referred you to if the activity is open to Welfare to Work participants only.

If you disagree with the County's decision about your Cal-Learn status or your activity:

- You cannot come into the Cal-Learn program if we have told you we cannot serve you.
- Cal-Learn will pay only Cal-Learn supportive services for an approved Cal-Learn activity.

To get supportive services payments, you must go to the activity the County has asked you to go to.

If you disagree with the County's decision about your supportive services payments, and you attend your approved activity, the County will pay supportive services as follows:

- If we have told you your payments will be lowered, you will get the lower rate.
- If we have told you your payments will be made in a different form, you will be paid in the different form.
- If we have told you your payments will stop; you will not get any more payments, even if you go to your activity.
- If we have denied payments before the hearing, you will not get the requested payments.

If the amount of supportive services the County pays while you wait for a hearing decision is not enough, you can stop going to your activity.

You may get free legal help at your local legal aid office or welfare rights group, or from the CCWRO.

**Hearing File:** If you ask for a hearing, the State Hearing Office will set up a file. You have the right to see this file. The State may give your file to the Welfare Department, the U.S. Department of Health and Human Services and the U.S. Department of Agriculture. (W. & I. Code Section 10950).

## HOW TO ASK FOR A STATE HEARING

**The best way to ask for a hearing is to fill out this page. Make a copy of the front and back for your records. Then, send or take this page to:**

Your worker will get you a copy of this page if you ask. Another way to ask for a hearing is to call 1-800-952-5253. If you are deaf and use TDD, call: 1-800-952-8349.

### HEARING REQUEST

I want a hearing because of an action by the Welfare Department of \_\_\_\_\_ County about my

(Check appropriate program box)

☐ Cal-Learn ☐ Welfare to Work

(Check appropriate action box)

☐ Status ☐ Activity ☐ Supportive Services

☐ Other (list) \_\_\_\_\_

**Here's why:**

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☐ Check here and add a page if you need more space.

☐ I want the person named below to represent me at this hearing. I give my permission for this person to see my records or come to the hearing for me.

Name \_\_\_\_\_

Address \_\_\_\_\_

I need an interpreter at no cost to me. My language or dialect is: \_\_\_\_\_

☐ I want a copy of this page sent to me.

My Name: \_\_\_\_\_  
(Print)

Address: \_\_\_\_\_

My Case Number: \_\_\_\_\_

My signature: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_